

S. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP-26 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this form 26101

## 1. PLACE OF DEATH

County FranklinRegistration District No. 293

File No. \_\_\_\_\_

Township PacificPrimary Registration District No. 293Registered No. 26City Pacific(No. 1717)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 4016 Duquesne

(Usual place of abode)

St. St. LouisWard. MO

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 1/2 yrs. 0 mos. 0 ds.How long in U. S., if of foreign birth? 51 yrs. 0 mos. 0 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFKatherine Bruckner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 24-1870

7. AGE

YEARS

63

MONTHS

0

DAYS

19If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.merchant9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)7/27/193311. Total time (years)  
spent in this  
occupationlife12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Germany

13. NAME

Not known14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Germany

15. MAIDEN NAME

Not known16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Germany

17. INFORMANT

(ADDRESS)

Paul Bruckner  
4242 Roosevelt Ave. St. Louis MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. LouisDATE 8/25

1933

19. UNDERTAKER

(ADDRESS)

Jno. A. Thibault & Son  
Pacific MO872419.33Helen M. Thibault

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8/2319 3322. I HEREBY CERTIFY, That I attended deceased from  
Aug 23, 1933, to Aug 23, 1933I last saw him alive on Aug 22, 1933 Death is saidto have occurred on the date stated above, at 12:45 am.

The principal cause of death and related causes of importance were as follows:

Date of onset

apoplexy cerebral  
hemorrhage.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. St. Lember

M. D.

(Address)

Pacific MO

11-11-11

RF  
11-11-11

L  
11-11-11